Image# 14961297889 PAGE 1 / 31

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

	For Other	Than An Autr	iorized Comm	ittee		Office Use Only	
NAME OF COMMITTEE (in full)	TYPE OR F	PRINT ▼	Example: If to		12FE4M5		
Americas Health Insur	ance Pla	ns PAC (AHI	P PAC)				1
1							
	1 601 Dann	autronia Arranua N					
ADDRESS (number and street)		sylvania Avenue, N					
Check if different	South Bu	ilding, Suite 500					
than previously reported. (ACC)	Washing	ton			DC	20004	
2. FEC IDENTIFICATION N	UMBER ▼	CIT	Y A		STATE A	ZIP CODE	A
C C00106740			THIS EPORT X	NEW (N) OR	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Mon Repo	ort	20 (M2)	May 20 (M5)	Aug	(N Ye	ov 20 (M11) lon-Election ear Only)
(a) Quarterly Reports:		Mar	20 (M3) ×	Jun 20 (M6)	Sep	_ (N	ec 20 (M12) lon-Election ear Only)
April 15		Apr :	20 (M4)	Jul 20 (M7)	Oct 2	20 (M10) Ja	an 31 (YE)
Quarterly Report (0	Q1) (c)	12-Day	Primary (12P)	General ((12G) Rı	unoff (12R)
Quarterly Report (C	Q2)	PRE-Election Report for the:	Convention	on (12C)	Special (12S)	
October 15 Quarterly Report (0	Q3)		М	/ D D /	Y Y Y	in the	
January 31 Year-End Report (Y	YE)	Election				State of	
July 31 Mid-Year Report (Non-electic Year Only) (MY)	on (d)	30-Day POST-Election	General (30G)	Runoff (3	OR) Sp	pecial (30S)
Termination Report (TER)		Report for the:	М - М	/ D D /	Y = Y = Y = Y	in the	
(12.1)		Election	n on			State of	
5. Covering Period 09	M / D I	2014	throug	h 05	31	2014	
I certify that I have examined th	nis Report a	nd to the best of	my knowledge ar	nd belief it is tru	ue, correct and	l complete.	
Type or Print Name of Treasure	er Charles \	V. Stellar					
Signature of Treasurer Chan	rles W. Stellar		[Electronic	cally Filed] [Date 06		2014
NOTE O. L							0.045=
NOTE: Submission of false, erron Office	eous, or inco	emplete information	may subject the	person signing the	his Report to th	•	
Use Only						FEC FORM Rev. 12/2004	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

Report Covering the Period: From: 05 01 2014 To: 05 31 2014

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		30654.98
	(b) Cash on Hand at Beginning of Reporting Period	29355.65	
	(c) Total Receipts (from Line 19)	16333.08	70816.33
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	45688.73	101471.31
7.	Total Disbursements (from Line 31)	23063.32	78845.90
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	22625.41	22625.41
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

×

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Americas Health Insurance Plans PAC (AHIP PAC)

other than loans) From: //Persons Other cal Committees d (use Schedule A) ized		8214.57 618.51 8833.08 0.00	Calendar Yea	25549.03 7767.30 33316.33
Persons Other cal Committees d (use Schedule A)		618.51 8833.08		7767.30
cal Committees d (use Schedule A) ized		618.51 8833.08		7767.30
ized		618.51 8833.08		7767.30
(add 1(a)(i) and (ii)		8833.08		
arty Committeesical Committeesibutions (add Lines				33316.33
ical Committees ACs)		0.00		
ACs)ibutions (add Lines	7 7			0.00
ributions (add Lines		7500.00		37500.00
				07000.00
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o), and (c)) (Carry		16333.08		70816.33
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ived		0.00	7	0.00
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		0.00		0.00
dule 113)		0.00		0.00
" 0 1 1 1 1 1 5)		0.00		0.00
s (from Schedule H5)	7 7	0.00	7	0.00
ers (add 18(a) and 18(b))		0.00		0.00
	Affiliated/Other res	nts Received	10.00 Ints Received	ived

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Disbursements COLUMN A Total This Period			
Operating Expenditures: (a) Allocated Federal/Non-Federal	Total Tillo I Cilou	Calendar Year-to-Date		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) N 5 1 101	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating Expenditures	63.32	345.90		
(c) Total Operating Expenditures	7			
(add 21(a)(i), (a)(ii), and (b))▶	63.32	345.90		
Transfers to Affiliated/Other Party				
Contributions to	0.00	0.00		
Federal Candidates/Committees and Other Political Committees	23000.00	78500.00		
Independent Expenditures	0.00	0.00		
(use Schedule E) Coordinated Party Expenditures	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(7 7		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:				
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)	0.00	3.55		
(d) Total Contribution Refunds				
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add				
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	23063.32	78845.90		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	23063.32	78845.90		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	16333.08	70816.33
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16333.08	70816.33
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	63.32	345.90
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	63.32	345.90

FOR LINE NUMBER: PAGE 6 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Vice President Americas Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) B. Jeremy Allen Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-3 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation Americas Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) c. Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 7 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Carmella Bocchino Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140610113743-4 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive Vice President, Clinical Aff Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) B. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Dianne Bricker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 05 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140610113743-5 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 291.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: **PAGE** 8 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Kathleen Callanan Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-6 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) **c.** Winthrop Cashdollar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-7 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) 229.16 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER	₹:	PAGE	9	OF	
Use separate schedule(s) for each category of the	(check only one)		11c	12		
Detailed Summary Page	12	\vdash	15	16		Г

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N	Americas Health Insurance Plan			-							
	ull Name (Last, First, Middle Initial) Winthrop Cashdollar					Date of	Rec	ceipt			
N	lailing Address 601 Pennsylvania Avenue N.W Suite 500, South Building		7'o Oodo			м = м 05	/	30	ΙL	2014	Y
	ity Vashington	State DC	Zip Code 20004							0113743- s Period	7
F	EC ID number of contributing ederal political committee.	С				anount	01 1	zacii ric	ocipt un	62.	50
	ame of Employer	Occupation									
_	merica's Health Insurance Plans leceipt For: Primary General		irector Product Polic Year-to-Date ▼	У							
	Other (specify) ▼			625.00							
	ull Name (Last, First, Middle Initial) Yvonne Chanatry					Date of	Rec	ceipt			
M	failing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building					M = M	/	15	/ Y	2014	Y
	ity Markington	State DC	Zip Code							0113753-8	3
	Vashington EC ID number of contributing	C	20004	_		Amount	of E	Each Re	ceipt th	s Period 104.	17
fe	ederal political committee.	C .		-			_	,	7	104.	17
	ame of Employer merica's Health Insurance Plans	Occupation Vice Preside	ent, Marketing and G	raphics							
R	leceipt For: Primary General		Year-to-Date ▼	Тартноо							
	Primary General Other (specify) ▼		, , , , , ,	1041.70							
	ull Name (Last, First, Middle Initial) Yvonne Chanatry					Date of	Rec	ceipt			
N	failing Address 601 Pennsylvania Avenue N.W Suite 500, South Building					M M	/	30	/ Y	2014	Y
	ity Nashington	State DC	Zip Code 20004							0113743- s Period	8
	EC ID number of contributing ederal political committee.	С				unount	01 2	,	ocipt un	104.	17
N	ame of Employer	Occupation									
_	merica's Health Insurance Plans	Vice Preside	ent, Marketing and G	iraphics							
К	leceipt For: Primary General	Aggregate `	Year-to-Date ▼								
	Other (specify) ▼		7	1041.70							
SU	BTOTAL of Receipts This Page (optional)			>				,		270.	84
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

Any information copied from such Reports and	Statements may not be sold or used by any pers	on for the purpose of soliciting contributions
	e name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Rebecca Cole Mailing Address 601 Pennsylvania Avenue N.	W.	Date of Receipt
Suite 500, South Building		05 15 2014
City	State Zip Code	Transaction ID: 20140610113753-10
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Director, Public Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 312.50	
Full Name (Last, First, Middle Initial) Rebecca Cole		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.	W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	Ctata 7in Cada	05 30 2014
City	State Zip Code	Transaction ID : 20140610113743-10
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Director, Public Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.50	
Full Name (Last, First, Middle Initial) C. Gregory Dean		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building		05 15 / Y = Y = Y = Y = Y = Y = Y = Y = Y = Y
City Washington	State Zip Code DC 20004	Transaction ID : 20140610113753-13 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.50
Name of Employer	Occupation	
America's Health Insurance Plans	Executive Director Insurance Education	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	1.99.098.0 108.10 24.0 7	
Other (specify) ▼	625.00	
SUBTOTAL of Receipts This Page (optional)		125.00
TOTAL This Period (last page this line number	only)	

	FOF	R LINE	NU	MBER	:	PAGE	1	I1 ()F	3
Use separate schedule(s)	(che	ck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		71

	Statements may not be sold or used by any pershe name and address of any political committee t	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plants	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Gregory Dean Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Executive Director Insurance Education Aggregate Year-to-Date 625.00	Date of Receipt Mark
Full Name (Last, First, Middle Initial) Mary Beth Donahue Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20004 C Occupation Executive VP, Policy & Operations Aggregate Year-to-Date ▼ 2083.30	Date of Receipt M
Full Name (Last, First, Middle Initial) Mary Beth Donahue Mailing Address 601 Pennsylvania Avenue North Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	N.W. State Zip Code DC 20004 C Occupation Executive VP, Policy & Operations Aggregate Year-to-Date ▼ 2083.30	Date of Receipt 05 30 2014 Transaction ID: 20140610113743-15 Amount of Each Receipt this Period 208.33
SUBTOTAL of Receipts This Page (optional).	· • • • • • • • • • • • • • • • • • • •	479.16
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 12 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) B. Daniel Durham Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-16 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Vice President** Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.30 Other (specify) Full Name (Last, First, Middle Initial) c. Paul Eiting Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 15 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140610113753-17 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Deputy Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 458.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE	13 OF	31
Use separate schedule(s)	(check only one)			
for each category of the Detailed Summary Page	X 11a 11b	11c	12	
	13 14	15	16	717

	nd Statements may not be sold or used by any per-	
NAME OF COMMITTEE (In Full) Americas Health Insurance F	Plans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) A. Paul Eiting Mailing Address 601 Pennsylvania Avenue	N.W.	Date of Receipt
Suite 500, South Building		05 30 2014
City	State Zip Code	Transaction ID : 20140610113743-17
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
America's Health Insurance Plans	Deputy Director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial) Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue	N.W.	M = M / D = D / Y = Y = Y
Suite 500, South Building	State 7in Code	05 15 2014
City Washington	State Zip Code DC 20004	Transaction ID: 20140610113753-19
	20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
America's Health Insurance Plans	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	416.70	
Full Name (Last, First, Middle Initial) C. Candy Gallaher		Date of Receipt
Mailing Address 601 Pennsylvania Avenue Suite 500, South Building		05 30 2014
City	State Zip Code	Transaction ID: 20140610113743-19
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	-
America's Health Insurance Plans	Senior Vice President	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General		
Other (specify) ▼	416.70	
SUBTOTAL of Receipts This Page (optional)	125.01
TOTAL This Period (last page this line num	ber only)	

	FOF	R LINE	NU	MBER	:	PAGE	•	14 O	F	31
Use separate schedule(s)	(che	eck only	or	ne)						
for each category of the Detailed Summary Page	X	11a		11b		11c		12		
		13		14		15		16		717

	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	.W. State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼	Date of Receipt 05 15 2014 Transaction ID: 20140610113753-20 Amount of Each Receipt this Period 27.08
Full Name (Last, First, Middle Initial) Leanne Gassaway Mailing Address 601 Pennsylvania Avenue N. Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	W. State Zip Code DC 20004 C Occupation Regional Director Aggregate Year-to-Date ▼ 270.80	Date of Receipt 05 30 2014 Transaction ID: 20140610113743-20 Amount of Each Receipt this Period 27.08
Full Name (Last, First, Middle Initial) Cynthia Goff Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer BlueCross and BlueShield of Minnesota Receipt For: Primary General Other (specify)	.W. State Zip Code DC 20004 C Occupation Executive Director Aggregate Year-to-Date ▼	Date of Receipt 05 15 2014 Transaction ID: 20140610113753-21 Amount of Each Receipt this Period 83.33
SUBTOTAL of Receipts This Page (optional)		137.49
TOTAL This Period (last page this line number	r only)	

	FOF	R LINE	NU	IMBER	:	PAGE	•	15 OF	=	31
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for each category of the Detailed Summary Page	X	11a		11b		11c		12		
_ come common , ange		13		14		15		16		17

Any information copied from such Reports and S or for commercial purposes, other than using the	tatements may not be sold or used by any personame and address of any political committee to	on for the purpose of soliciting contributions solicit contributions from such committee.
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ns PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Cynthia Goff Mailing Address 601 Pennsylvania Avenue N.V	V	Date of Receipt
Suite 500, South Building	v .	05 30 _ 2014 _
City	State Zip Code	Transaction ID : 20140610113743-21
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	83.33
Name of Employer	Occupation	
BlueCross and BlueShield of Minnesota	Executive Director	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	708.32	
Full Name (Last, First, Middle Initial) Joni Hong		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V Suite 500, South Building	I.	05 15 2014
City	State Zip Code	Transaction ID : 20140610113753-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Associate Counsel, Special Proj	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.50	
Full Name (Last, First, Middle Initial)		Date of Receipt
Mailing Address 601 Pennsylvania Avenue N.V	V	Mam / Dab / Yayayay
Suite 500, South Building	••	05 30 2014
City	State Zip Code	Transaction ID: 20140610113743-23
Washington	DC 20004	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	31.25
Name of Employer	Occupation	
America's Health Insurance Plans	Senior Associate Counsel, Special Proj	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	312.50	
SUBTOTAL of Receipts This Page (optional)		145.83
TOTAL This Period (last page this line number	only)	

FOR LINE NUMBER: PAGE 16 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 15 16

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Donna Horoschak Date of Receipt Mailing Address 601 Pennsylvania Ave NW South Building, Suite 500 20 2014 City Zip Code State Transaction ID: 4AA13FC906FE4FD4B5FB DC Washington 20004-2601 Amount of Each Receipt this Period FEC ID number of contributing 3000.00 federal political committee. 2014 Contribution Name of Employer Occupation America's Health Insurance Plans Senior Vice President, Product Policy Receipt For: Aggregate Year-to-Date ▼ Primary General 3000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) c. Burt Hudson Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 05 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140610113743-24 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Deputy Director, Client Learning Servi Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 3083.34 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 17 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Vice President America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Crystal Kuntz Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-28 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) **c.** Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 15 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140610113753-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 С federal political committee. Name of Employer Occupation Senior Vice President, Clinical Affair America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) 208.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

	FOR LINE NUMBER:	PAGE 18 OF	31
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Barbara Lardy Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140610113743-29 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Name of Employer Occupation Senior Vice President, Clinical Affair America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 416.70 Other (specify) Full Name (Last, First, Middle Initial) B. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Vice President, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.65 Other (specify) Full Name (Last, First, Middle Initial) c. Courtney Lawrence Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 05 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140610113743-30 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 С federal political committee. Name of Employer Occupation Vice President, Federal Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼

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Primary

Other (specify)

General

FOR LINE NUMBER: PAGE 19 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c 14 13 15 16

for each category of the Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation Senior Director Public Affairs America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Beth Leonard Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-31 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director Public Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) c. Holly Macmoran Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 05 2014 City State Zip Code Transaction ID: 20140610113743-33 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Program Manager Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 187.49 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 20 OF 31 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c

Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Amber Manko Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140610113743-34 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Administrative Assistant, Federal Affa Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) B. Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation America's Health Insurance Plans General Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.70 Other (specify) Full Name (Last, First, Middle Initial) c. Joseph Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 05 2014 City State Zip Code Transaction ID: 20140610113743-39 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 С federal political committee. Name of Employer Occupation General Counsel America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1041.70 Other (specify) 229.17 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) B. Julie Miller Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-40 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 62.50 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Associate Counsel Receipt For: Aggregate Year-to-Date ▼ Primary General 625.00 Other (specify) Full Name (Last, First, Middle Initial) c. Martin Mitchell Jr. Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 05 2014 City State Zip Code Transaction ID: 20140610113743-42 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans **Director Product Policy** Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 145.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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	Statements may not be sold or used by any persone name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Pla	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 1343.90	Date of Receipt M
Full Name (Last, First, Middle Initial) Susan Pisano Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify) ▼	State Zip Code DC 20004 C Occupation Vice President Strategic Communication Aggregate Year-to-Date ▼ 1343.90	Date of Receipt M
Full Name (Last, First, Middle Initial) Lawrence Platt Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Director Aggregate Year-to-Date 833.30	Date of Receipt M
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Lawrence Platt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140610113743-45 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Director Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-46 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 125.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Vice President Receipt For: Aggregate Year-to-Date ▼ Primary General 1250.00 Other (specify) Full Name (Last, First, Middle Initial) **c.** Mark Pratt Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 05 2014 Suite 500, South Building

1250.00

Zip Code

20004

State

DC

Occupation

Senior Vice President

Aggregate Year-to-Date ▼

С

125.00

Transaction ID: 20140610113743-46

Amount of Each Receipt this Period

City

Washington

Receipt For:

FEC ID number of contributing

America's Health Insurance Plans

Other (specify)

General

federal political committee.

Name of Employer

Primary

	FOR LINE NU	JMBER:	PAGE	: 24 OI	Ε.
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	Statements may not be sold or used by any pers he name and address of any political committee to	
NAME OF COMMITTEE (In Full) Americas Health Insurance Plan	ans PAC (AHIP PAC)	
Full Name (Last, First, Middle Initial) Ingrid Reeves Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Vice President, Membership Aggregate Year-to-Date 208.30	Date of Receipt 05 30 2014 Transaction ID: 20140610113743-47 Amount of Each Receipt this Period 20.83
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Senior Vice President, Professional Pr Aggregate Year-to-Date ▼ 416.70	Date of Receipt M
Full Name (Last, First, Middle Initial) Lisa Shreve Mailing Address 601 Pennsylvania Avenue N Suite 500, South Building City Washington FEC ID number of contributing federal political committee. Name of Employer America's Health Insurance Plans Receipt For: Primary General Other (specify)	State Zip Code DC 20004 C Occupation Senior Vice President, Professional Pr Aggregate Year-to-Date 416.70	Date of Receipt 05 30 2014 Transaction ID: 20140610113743-48 Amount of Each Receipt this Period 41.67
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	104.17
TOTAL This Period (last page this line number	er only)	

FOR LINE NUMBER: PAGE 25 OF 31 Use separate schedule(s) (check only one) X 11a 11b 12 11c

for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 104.17 federal political committee. Name of Employer Occupation Executive V.P. America's Health Insurance Plans Receipt For: Aggregate Year-to-Date ▼ Primary General 1145.86 Other (specify) Full Name (Last, First, Middle Initial) B. Charles Stellar Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-50 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 208.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans Executive V.P. Receipt For: Aggregate Year-to-Date ▼ Primary General 1145.86 Other (specify) Full Name (Last, First, Middle Initial) c. Kristin Stewart Smoot Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 Suite 500, South Building 05 2014 City State Zip Code Transaction ID: 20140610113743-51 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation AHIP Manager, Special Projects Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 333.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 26 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Rachel Terry Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 30 2014 City Zip Code State Transaction ID: 20140610113743-52 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Name of Employer Occupation America's Health Insurance Plans Senior Director, Business Development Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) Full Name (Last, First, Middle Initial) B. Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 15 2014 City State Zip Code Transaction ID: 20140610113753-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) c. Claudia Tucker Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 30 05 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140610113743-54 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 50.00 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Regional Director Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) 120.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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for each category of the Detailed Summary Page 14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 2014 City Zip Code State Transaction ID: 20140610113753-56 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) B. Mark Van Koevering Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. Suite 500, South Building 05 30 2014 City State Zip Code Transaction ID: 20140610113743-56 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 83.33 federal political committee. Name of Employer Occupation America's Health Insurance Plans **Executive Director** Receipt For: Aggregate Year-to-Date ▼ Primary General 833.30 Other (specify) Full Name (Last, First, Middle Initial) c. Brenda Weigel Date of Receipt Mailing Address 601 Pennsylvania Avenue N.W. 05 30 2014 Suite 500, South Building City State Zip Code Transaction ID: 20140610113743-57 DC Washington 20004 Amount of Each Receipt this Period FEC ID number of contributing 20.83 С federal political committee. Name of Employer Occupation America's Health Insurance Plans Digital Media Coordinator Receipt For: Aggregate Year-to-Date ▼ Primary General 208.30 Other (specify) 187.49 SUBTOTAL of Receipts This Page (optional)..... 8214.57 TOTAL This Period (last page this line number only).....

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SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	Use separate schedule(s for each category of the Detailed Summary Page	
or for commercial purposes, other than using the NAME OF COMMITTEE (In Full) Americas Health Insurance Plan Full Name (Last, First, Middle Initial) Health Net, Incorporated Political Action Mailing Address 455 Capitol Mall, Suite 600	name and address of any political common part of the p	Date of Receipt Date of Receipt Date of Rec
City Sacramento FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code CA 95814 C C00230789 Occupation Aggregate Year-to-Date ▼ 5000.00	Amount of Each Receipt this Period 5000.00 2014 Contribution
Full Name (Last, First, Middle Initial) B. Mutual of Omaha Companies PAC (IMailing Address Mutual of Omaha Plaza City Omaha FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code NE 68175 C C00094581 Occupation Aggregate Year-to-Date 2500.00	Date of Receipt M
Full Name (Last, First, Middle Initial) C. Mailing Address City FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)	State Zip Code C Occupation Aggregate Year-to-Date ▼	Date of Receipt M M M / D D / Y Y Y Y Y Amount of Each Receipt this Period
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Ĺ	NAME OF COMMITTEE (In Full)				
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	Full Name (Last, First, Middle Initial)				
A.	Citibank			Date of Disbursement	
				M M / D D / Y Y Y Y	1
	Mailing Address 1101 Pennsylvania Ave, NW			05 01 2014	
	11th Floor				
	,	State Zip Code		Transaction ID : B14B8A00537838Al	BB8B
	Washington Purpose of Disbursement	DC 20004			-
	Merchant Bankcard Fees		001	Amount of Each Disbursement this Pe	riod
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			Category/ Type	31.6	6
	Office Sought: House Disbursen	nent For:	Туре		_
		Primary General			
	President	Other (specify) ▼			
	State: District:	· · · · · · · · · · · · · · · · · · ·			
	Full Name (Last, First, Middle Initial)				
В.				Date of Disbursement	
				M M / D D / Y Y Y Y	1
	Mailing Address 1101 Pennsylvania Ave, NW			05 12 2014	
	11th Floor				
	,	State Zip Code		Transaction ID : 506D490813F13876	AEB
	Washington Purpose of Disbursement	DC 20004			
	Merchant Bankcard Fees		001	Amount of Each Disbursement this Pe	riod
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			Category/ Type	31.6	6
	Office Sought: House Disbursen	nent For:	Турс		
		Primary General			
		Other (specify) ▼			
	State: District:	· · · · · · · · · · · · · · · · · · ·			
	Full Name (Last, First, Middle Initial)				
C.	•			Date of Disbursement	
				M M / D D / Y Y Y Y	1
	Mailing Address				
	<u> </u>				
	City	State Zip Code			
	Purpose of Disbursement				
				Amount of Each Disbursement this Pe	riod
	Candidate Name		Cotorrari	Amount of Each Disbursement this Pe	iiou
			Category/ Type		
	Office Sought: House Disbursen	nent For:	.75-3		
	Senate	Primary General			
	President	Other (specify)			
_	State: District:				
Г	<u>-</u>				
s	UBTOTAL of Disbursements This Page (optional)			63.32	2
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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 30 OF 31
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	Johanna Sammary Fage	27	28a 28b 28c 29 30
Any information copied from such Reports and Sta or for commercial purposes, other than using the n			
NAME OF COMMITTEE (In Full)	··		
Americas Health Insurance Plans	PAC (AHIP PAC)		
Full Name (Last, First, Middle Initial)			
A. Bennet for Colorado			Date of Disbursement
Mailing Address PO Box 3078			05 21 2014
City	State Zip Code		Transaction ID : 01A2EA8F0410EEECFA
Denver	CO 80201		
Purpose of Disbursement 2016 Primary		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Michael F. Bennet		Type	5000.00
Office Sought: House Senate President Disburs	ement For: 2016 ✓ Primary General Other (specify) ▼		
State: CO District:			
Full Name (Last, First, Middle Initial)			
B. Boehner for Speaker			Date of Disbursement
Mailing Address 320 First St., SE			05 21 2014
City	State Zip Code DC 20003		Transaction ID : 7DD91D92DD36465FA7
Washington Purpose of Disbursement	DC 20003		
2014 Contribution		011	Amount of Each Disbursement this Period
Candidate Name		Category/	5000.00
Boehner for Speaker	_	Туре	3000.00
Senate	ement For: 2014 Primary General Other (specify)		
State: District:	Contribution		
Full Name (Last, First, Middle Initial) C. Cantor for Congress			Date of Disbursement
Mailing Address PO Box 17813			05 15 2014
City	State Zip Code		
Richmond	VA 23226-7813		Transaction ID : 183A01898918E11FE5B
Purpose of Disbursement			
2014 Primary		011	Amount of Each Disbursement this Period
Candidate Name Eric Ivan Cantor		Category/	1500.00
Office Sought: House Disburs	sement For: 2014	Type	
Senate President	Primary General Other (specify) ▼		
State: VA District: 07			
SUBTOTAL of Disbursements This Page (optional	1		11500.00
SOBIOTAL OF DISDUISEMENTS THIS Page (optional	J	·····	
TOTAL This Period (last page this line number or	ly)	·····	

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Temized Disbursements See separate schedule(s) for each category of the Detailed Summary Page 21	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 31 OF 31
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A. Charles Boustany Jr. Md for Congress, Inc. Mailing Address PO Box 80126 City State Zip Code Lafayette LA 70598-0126 Purpose of Disbursement 2014 Primary Candidate Name Charles W. Boustany Jr. Office Sought: President Senate President Solutions from Solutions from Solutions from Solutions from Such committee. Transaction ID : C2BA703340517EDE536 Amount of Each Disbursement this Period Category' Type Type Type Type Date of Disbursement Other (specify) Type Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement this Period Category' Type Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement this Period Category' Type Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement this Period Category' Type Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement this Period Category' Type Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement this Period Category' Type Transaction ID : 121F0C766139C7C14B9 Date of Disbursement Transaction ID : 0AB49CDE04209EE4329	ITEMIZED DISBURSEMENTS		(check only	one)
Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) Americas Health Insurance Plans PAC (AHIP PAC) Full Name (Last, First, Middle Initial) A Charles Boustany Jr. Md for Congress, Inc. Mailing Address PO Box 80126 City State Zip Code Lafayette LA 70598-0126 City Soustany Jr. Office Sought: House President State: LA Disbursement For: 2014 Full Name (Last, First, Middle Initial) 3. Friends of John Thune Mailing Address PO Box 841 City State Zip Code Soustany Jr. Office Sought: President Soustany Jr. City State Zip Code Soustany Jr. City State Sonate President Senate President Category/ Type Office Sought: House Disbursement For: 2014 City State Sonate President Senate President Category/ Type Office Sought: Other (specify) Type Date of Disbursement Zity Code Soustany Jr. Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement For: 2016 Amount of Each Disbursement For: 2016 Amount of Each Disbursement Senate President State: Sonate President Other (specify) Type Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement President Senate President Senate President Other (specify) Type Transaction ID : 121F0C766139C7C14B9 Amount of Each Disbursement President Senate President				
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Candidate Name	Candidate Name			Amount of Each Disbursement this Period
National Republican Congressional Committee Category/ Type 7500.00		al Committee		7500.00
Office Sought: House Disbursement For: 2014			71	
Senate Primary General	Senate	Primary General		
President		·		
State: District: Contribution	State: District:	Contribution		
SUBTOTAL of Disbursements This Page (optional)	SUBTOTAL of Disbursements This Page (optional)		·····	11500.00
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